

<b>TRANSMITTAL LETTER</b>	Docket No. A008-7010US0
Applicant(s): David A. Eves et al. Serial No: 10/596,326 Filed: June 9, 2006 For: ASSETS AND EFFECTS Examiner: Not yet assigned Art Unit: 2192 Conf. No.: 5358	

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

**Enclosures**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Power of Attorney or Revocation of Power of Attorney With a New Power of Attorney and Change of Correspondence Address | <input type="checkbox"/> Request for Corrected Filing Receipt |
| <input checked="" type="checkbox"/> Statement Under 37 CFR 3.73(b)   | <input type="checkbox"/> Copy of Original Filing Receipt      |
| <input type="checkbox"/> Change of Correspondence Address  | <input type="checkbox"/> Request for Continued Examination    |
| <input type="checkbox"/> Declaration/Power of Attorney   | <input type="checkbox"/> Request for Reconsideration          |
| <input type="checkbox"/> Extension of Time Request   | <input type="checkbox"/> Request for Refund                   |
| <input type="checkbox"/> Fee Transmittal Form  | <input type="checkbox"/> Response to Missing Parts            |
| <input type="checkbox"/> Invention Disclosure Document   | <input type="checkbox"/> Return Receipt Postcard              |
| <input type="checkbox"/> Notice of Appeal  | <input type="checkbox"/> Sheets Formal Drawing(s)             |
| <input type="checkbox"/> Petition for  | <input type="checkbox"/> Status Letter                        |
| <input type="checkbox"/> Power of Attorney Form  | <input type="checkbox"/> Terminal Disclaimer                  |
| <input type="checkbox"/> Request for Certified Copies  | <input type="checkbox"/> Other:                               |

/Bruce D. Jobse/ \_\_\_\_\_ Date: 2008-12-17  
 Bruce D. Jobse, Esq., Reg. No. 33,518  
 Rissman Jobse Hendricks & Oliverio, LLP  
 Customer Number 021127  
 Tel: (617)933-4455 Fax: (617) 367-4656